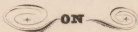


Paper March 1828



(+ Inaugural Dissertation, +)



(Acute Rheumatism)

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Acute Rheumatism.

The sudden vicissitudes of climate to which the inhabitants of the United States are exposed, render Rheumatism a very frequent disease among them, and as it is one in which improper treatment is likely to be attended with distressing, if not dangerous consequences, a more particular attention to it is not unadvisable.

In the following Dissertation, therefore, the endeavour will not be, to point out a new method of cure, but to impress more strongly those principles which our Alma Mater teaches, and which experience proves, are the result of sound discrimination and correct judgement. Our aim will be to offer a brief account of the Causes, Symptoms, Diagnosis, Treatment, and Prognosis.

Acute Rheumatism is placed by Cullen among the Phlogmasiae and is "a disease from an internal and often an evident cause, pyrexia, pains about the joints following the course of the muscles,

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forcing upon the kness and larger joints in preference to those of the feet or hands, increased by external heat.

The next divides it into two species, the acute and chronic; the presence of pyrexia distinguishing the acute from the chronic form. Dr. Armstrong has suggested the propriety of establishing an intermediate, or sub-acute species, without, perhaps, much practical benefit; as the presence of fever being necessary in the latter form, the treatment will necessarily be embraced by that of the first.

Causes. The chief predisposing cause of Rheumatism is generally admitted to be frequent alternations of heat and cold, dryness and moisture, and attacks are most often met with in the Spring and Autumn. Among the exciting causes may be mentioned obstructed perspiration, from the sudden application of cold to the body, when in a heated or excited state; long continued application of cold from wearing wet or damp clothes, lying upon damp ground &c.

As to the proximate cause some division of sentiment exists. Some pathologists limit the disease to an inflammation of the tendinous aponeuroses or fibrous texture surrounding the joints, and bursae mucosae, and the terminations of the muscular fibres, while others contend that the muscular fibres themselves may be affected. This peculiar inflammation may affect the muscular fibres themselves, or at least the fine membrane surrounding them, so as to make it difficult to distinguish the true seat. There is certainly a peculiarity in Rheumatic inflammation, which distinguishes it from the Phlegmonia, as but few instances of suppuration have been met with, so few indeed that it only proves that it is not the natural termination. Professor Chapman mentions one instance in the course of his extensive experience, and Dr Good, two. Another peculiarity of this inflammation is its evasive tendency.

(Most frequently seated in the larger joints, it occasionally deserts them, attacking the hands,

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diaphragm, stomach, head and even the fountain of animal life itself. By its attacking the bowels, cases are mentioned by many late writers, particularly by Richter, who says, he has seen alternations of inflammation and diarrhoea, which left no doubt on his mind of the rheumatic nature of the latter disease. In one case which came under my observation, the disease suddenly spread from the joints to the head, producing all the symptoms of Phrenitis and which must have terminated fatally, but for the most copious depletion by phlebotomy and the application of sinapisms and blisters to the original seat of the disease. This succeeded in relieving the pain, restoring the inflammation to the joints, and the patient recovered by the ordinary method of treatment.

I shall cite one case to prove that the Uterus itself may be the seat of Rheumatic inflammation.

A young woman aged about nineteen years, in the seventh month of her pregnancy, from sitting herself upon damp ground when heated by exercise, was soon after

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decried with an attack of acute inflammation of the lungs, which continued for two weeks with peculiar obstinacy.

She, as well as her mother, resisted the use of the Linctus as freely as it was insisted to be employed in the case... movements, and about the third week, the pain and inflammation suddenly receded from the lungs and attacked the uterus, inducing great tenderness of the Hypogastric and Umbilical regions, and sensations of pain in the uterus resembling those of menstruation, but more severe.

The Dr. Houscar was four or five days, without the smallest hope of a cure, or to be effected by the great difficulty to which he... Remedies, as freely as he could would bear, with unobscured blisters to the abdomen and umbilica, and eventually very large ones of Opium and Dover's powder with Calomel, which however, Regimen, were used without success, and she finally died, exhausted by the severity of her sufferings, without any physician being able to remove the disease from the seat to which it had been translated.

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as to being an indication, even the enlarged and inflamed
 state of the os Pinos. The disposition to attack the
 throat was first noticed and by Sir David Dundas,
 and his observations have been verified in 100 Whitman
 stonings, better and in winter. The first Morison
 examinations exhibiting a large of fibres, or coagulated
 lymph upon the internal surface of the throat, with
 an enlargement or altered structure of the organ itself.

Symptoms The attack generally comes on with
 infirmity and rigors, succeeded by heat, and flushings
 of the face, throat, mouth, nostrils, and hands feet are
 much heated. The tongue in the examination of the
 disease is white, the canals are generally closed,
 there is great repugnance to food and depression of
 spirits. After a short time excreting hairs are felt
 in different parts of the body, particularly in the joints
 of the knees and ankles, afterwards in the joints of
 the shoulders and wrists, and sometimes in the hips.

The mouth, ears and fingers are least liable
 to this inflammation.

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There is usually an exacerbation of the fever towards evening, and during the night the pains become more severe and shift from one point to another. The face, particularly during the exacerbation, is red and somewhat swelled, the urine high coloured, sometimes without sediment, and at other times particularly in the morning, and when there is much sweating, it deposits a sediment of a white or reddish colour, and the patient complains of arthralgia.

Diagnosis Rheumatism may be confounded with Gout, and it is of importance to discriminate accurately between them. We may generally decide from a concurrence of circumstances.

Rheumatism rarely attacks a single joint, as in the primary attacks of Gout; the exciting cause is evident, the limbs affected do not, perhaps the same time, show appearance of Gout; no disorganization takes place, the joints are less enlarged, the surface less acutely sensitive, either to the touch or to any compression, with less weight and disability.

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The diagnosis is also assisted by the examination of the contents of the intestines, and of the digestive secretions, which is found generally increased. The most striking distinction, according to Boerhaave, Van Swieten, &c. that Phlegmasia comes arising from the stomach, the goat.

It may be distinguished from Hepatitis, when it attacks the liver, by the absence of that peculiar contract of stomach, pain shooting down the breast, the contraction of the lileth, and the greater ease in bending the body, which characterizes the latter disease.

Spasm flows in the Kidney or bladder, by the more regular secretion of urine. The appearance of the liver, and yellowness of the skin distinguish Hepatitis.

Thermic hairs in the chest resemble phlegmasia, and in the abdomen, Enteritis. In each case the sensibility to the touch, the pain felt at the insertion and insertion of the muscles will sufficiently distinguish the nature of the disease.

Treatment. Bloodletting is the chief remedy in this disease. The blood must be drawn from a large

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excess, in a considerable quantity, and frequently repeated
 in proportion to the frequency, fulness, and hardness of the
 pulse, and the violence of the pain. Large and repeated
 bleedings, during the first days of the disease, are imper-
 iously demanded. Cathartics have been much
 recommended in Acute Rheumatism. "The advantage,"
 says Dr. Suidanone, "of making a detraction from the
 general circulation by the channel of the Alimentary
 Canal, is no less remarkable in Rheumatism, than
 in every other inflammatory disease." By the use of
 cathartics the circulation is moderated, the inflamma-
 tory diathesis subdued, and the absorbent system
 is excited to increased action. Astringent cathartics
 ought not to be employed in the treatment of this disease.
 Evacuants, on the contrary, are preferable and of great
 service. They remove intestinal irritation, they equalize
 the circulation and lessen the action of the most "arterial."
 Purgings with the Neutral salts is the best auxiliary
 to bloodletting we have in this disease, and it is
 seldom sufficiently employed.

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Excretion of glaucoma, chosen on small, said to be a
 strong evidence of disease and named it a good prepa-
 ration. The mild mercurial cathartics have also been
 much recommended. Emetics have been employed
 in this disease, some writers think with advantage,
 after the excitement is moderated by bleeding.
 Dr. Philip thinks nauseating doses are preferable.

Local arterial action has been in some measures
 subdued, the use of the Colchicum may be joined
 highly beneficial. It is said to moderate the digestion
 arterial action, relieve the determination to the head
 or chest, when these exist, and to subvert, paralyze
 & destroy almost inveterate, as it is, profuse
 the favorite remedies of Calomel and Opium.
 In cases of stupor, it proved decidedly beneficial.

I am aware, that in this country, the Museum
 has not sustained the reputation it has acquired
 abroad, but this was prevented, probably more from
 the want of uniformity in the strength of the preparations
 of it, than of assiduity in the artistic details.

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Sweating has been universally employed in this disease, by every description of practitioners. It can only be benefited when excitation has been increased.

Stimulating is hurtful in the early stage of the complaint, even if it then comes on spontaneously it is hurtful. The diaphoretic to be used are the mild antimonials, and after these, the more stimulating.

Of these, the best is the Dover's powder.

In favour of this medicine, says Professor Chapman I can give any unbiassed testimony. But as a maxim pertinent to this case, let it be recollected that the Dover's powder is more admissible in this disease while any febrile excitement remains, and when once begun, the sweating is to be steadily maintained for not less on an average than twenty four hours, and it should even be kept up during the continuance of the complaint; if we relax its use, it is hurtful.

Of the use of Quinine in this disease, there is much difference of opinion. Given even alone and at an early period, when the fever is considerable, it

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Lactuca, p. 90.

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often does harm. Hæm remarks that when we attempt
 to procure sleep by anodynes the patient becomes restless
 and restless, troubled with distressing dreams and
 starts, as during sleep, which instead of refreshing
 seems to fatigue him. The pulse becomes frequent,
 unequal and contracted. Should we not succeed
 with the diaphoretic plan and the disease threaten
 to become obstinate, we ought, as far as possible,
 to resort to Calomel as an alternative, and the best
 mode of exhibiting it with Opium and Specuacanthum,
 the proportion of opium to be regulated by the particular
 circumstances of the patient. The state generally from
 the pains relaxed, the skin becomes soft and moist,
 the tongue clear, and the swellings disappear as
 soon as the mouth indicates the general action of
 the mercury. The Specuacanthum has been serviceable
 towards the decline of the disease, when the fever
 returns at intervals, assuming the form of an Intermitent,
 or when the tongue becomes clear, the leucis natural,
 the skin relaxed, and simple detrits prevail.



Some have recommended the use of the Tart at an early period of the disease, but it is not proper until the state into which it is introduced, and the excretion of the disease are manifestly periodical.

Attention to Local Remedies. Bleeding holds the chief place. But we cannot employ it while the pulse is normal, it is after the first crisis, when the pains still continue, more and, is the most effectual chiefly in a few of the joints, attended with some degree of inflammation, that it is of most service.

Blisters may also be very effectual in removing the pain from a particular part, but will be of little benefit, except when the pains are much confined to one place. Indigo patients and Languors often return the pains, but they commonly shut them from one part to another. The juice of Mustard is a popular remedy as an external application. Stimulation in the beginning of the disease, rather promotes, than relieves the pains. The Colic catheter, and the Trocar have been employed and as said to be effectual,

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when the disease is obstinately fixed in particular joints.

The temperature of the patient's room should be kept cool and as uniform as possible. He should not be laid up in blankets or loaded with cloathing to promote perspiration, and as some think, to prevent taking cold; this may be useful in Chronic Rheumatism, when we wish to produce diaphoresis, when it is more frequently employed, and when the patient is more susceptible of cold.

There is no disease in which an abstemious diet is more demanded, than in Acute Rheumatism. It should consist of the mildest kind. Barley water, rice water, currant jelly dissolved in water, and other articles, bland and vegetable.

By using a diet the least stimulating, the disease has been aggravated; when the disease assumes the Chronic form, a more generous diet may be allowed.

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Prophylaxis. Persons who have had an attack of Rheumatism are affected with it on every occasion of exposure to a moist atmosphere or a cold east wind.

Doudamond mentions a prophylactic remedy, which with him, has been very serviceable. He advises "that every morning, the patient should wash his head and neck, by means of a coarse towel, with cold water; and sponge the feet, also every morning with water, just freed from any unpleasant chill by the addition of warm water".

Those who are predisposed or subject to Rheumatism ought carefully to avoid all exposure to cold and wet, and should also be very particular with regard to clothing, and wear flannel next the skin.